



APPLICATION FOR DEVELOPMENT REVIEW

CITY OF PLEASANT HILL

100 Gregory Lane
Pleasant Hill, CA 94523
Phone (925) 671-5209
Fax (925) 682-9327

I. CHECK TYPE OF PERMIT(S) REQUESTED

- | | | |
|---|---|---|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Rezoning | <input checked="" type="checkbox"/> Zoning Permit |
| <input type="checkbox"/> Use Permit | <input type="checkbox"/> Minor Use Permit | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Minor Variance | <input type="checkbox"/> Home Occupation |
| <input type="checkbox"/> Secondary Unit | <input type="checkbox"/> Development Plan | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Architectural Review | <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Other _____ |

II. GENERAL DATA

- A. Address of Property _____
- B. Assessor's Parcel Number(s) _____
- C. Zoning _____
- D. Existing Use _____
- E. Description of Project or Request _____
- _____
- _____
- _____
- _____

III. AUTHORIZATION

In signing this application, I, as owner and/or as applicant, represent to have full legal capacity to, and hereby do authorize the filing of this application. If this application has not been signed by the property owner, attached is separate documentation of full legal authority to file this application. I agree to be bound by the conditions of approval of this application, subject only to the right to object at the hearing or during the appeal period. I further certify that the information and exhibits submitted are true and correct.

A. Property Owner

Name _____	Phone _____
Address _____	Fax _____
Signature _____	Email _____
	Date _____

B. Applicant other than Property Owner

Name _____	Phone _____
Address _____	Fax _____
Signature _____	Email _____
	Date _____

C. Authorized Agent

Company _____	Contact/Title _____
Address _____	Phone/Fax _____
Signature _____	Email _____
	Date _____

TO BE COMPLETED BY STAFF

APPLICATION TITLE	APPLICATION NUMBER	APPLICATION RECEIVED BY
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CITY OF PLEASANT HILL

(925) 671-5209
FAX (925) 676-1125

100 Gregory Lane
Pleasant Hill, CA 94523

ZONING PERMIT ANALYSIS

Application Submittal

The following information must be submitted for the Community Development Department staff to complete its analysis of your proposed land use. You may complete this form and submit it at the Community Development Department counter in City Hall, or mail it to the address above, *Attention: Community Development Department.*

COMMERCIAL USES

Name of Business: _____

Square Footage of Space to be occupied by Business: _____

Detailed Description of Business:

(include information on the nature of service provided, types of goods sold, et cetera)

Linear Footage of Store Front to be occupied by Business: _____

Off-street Parking (indicate number of parking spaces allocated for your tenant space): _____

Hours of Operation: _____ Weekdays

_____ Weekends

Number of Employees (during the maximum work shift): _____

Customer Occupancy (seating capacity and maximum occupancy load): _____

E:\Forms\booklet\commerci.zpa

Community Development Department Analysis

Zoning: _____ Address: _____

- Compliance with Zoning Ordinance
- Non Compliance with Zoning Ordinance
- See comments below

Comments: _____
